SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Date Standard Received

S S

ت 3

出の生活

Date: Refund: Permit #: 台沿 15-0381 10:0:15

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO

TSHIOSE TIMEST		3	☐ SANITARY ☐ PRIVY	□ CONDITIONAL USE □ SPECIAL USE	i iice ∵∏⊹spec	AL USE  B.O.A.	D.A. OTHER	ä
Owner's Name:	CO P G LAND OSE		Mailing Address:	)   city/	City/State/Zip:	6	을 유니	3.7.6.6
Address of Property:	5 50	a C	JI 195 Ke/Cu		T B	6	Cell Phone:	
1295 800	ers Ko		7	71			218-240-148	1483
Contractor:			Contractor Phone:	Plumber:			Plumber Phone:	ie:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	ing Application on beh	alf of Owner(s))	Agent Phone:	Agent Mailing Ad	Agent Mailing Address (include City/State/Zip):	tate/Zip):	Written Authorization Attached  Pes D No	orization o
PROJECT LEGAL	Legal Description: (Use	(Use Tax Statement)	PIN: (23 digits) 04- 6422500935	335 2010001	9 9 9	Recorded Documi Valume 204	Page(s) (OS	Ownership S
NE 1/4, NW 1/4	i i i i i i i i i i i i i i i i i i i	Gov't Lot Lot(s)	CSM Vol & Page		. Block(s) No.	Subdivision:		
Section 33 , To	, Township (20	N, Range 🚫	W Town of:	7 7		Lot Size	Acreage	O
<b>□</b>	☐ Is Property/Land within 300 feet of F Creek or Landward side of Floodplain?	Is Property/Land within 300 feet of River, Stream reek or Landward side of Floodplain? If yes-	(Ind. Intermitte	<u> </u>	Distance Structure is from Shoreline:	7	Is Property in Ar Floodplain Zone?	Are Wetland Present?
☐ Shoreland ☐ Is P	roperty/Land with	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage  If yescontinue	1	Distance Structure	cture is from Shoreline :	4	□ Yes	□ Yes
Value at Time of Completion * include donated time &	Project	# of Stories and/or basement	ent	# of bedrooms	Sew	What Type of Sewer/Sanitary System Is on the property?	em ?	Water
	☐ New Construction	×			☐ Municipal/City		3	N CE
\$30,000 RAdd		<del></del>	oft 🗡 Year Round	nd	☐ Sanitary (Exists) Speci		Specify Type:	□ Wei
□ Relo	Relocate (existing bldg)			None	□ Privy (Pit)	Privy (Pit) or   Vaulted (r	☐ <b>Vaulted</b> (min 200 gallon)	
Property	Property	☐ Foundation		M MOIS		ilet		
Existing Structure: (if permit being applied for is relevant to it)	mit being applied	for is relevant to it)	Length: 3		17		Height: /3	70
r lobosed constituendin								Square
Proposed Use	100	al Structure (first	Principal Structure (first structure on property)	ty)		Olimensions ( X		Footage
	Resider	with Loft	iting snack, etc.)			( X		
Residential Use		with a Porch				× ×	_	
		with a Deck				( ×	_	
		with (2 <sup>na</sup> ) Deck	ick			< ×	_	
Commercial Use	$\perp$	with Attached Garage	d Garage					
		ouse w/ (□ sanitary	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters,	ters, <u>or</u> 🛘 cooking &	or $□$ cooking & food prep facilities)	s) (		
	Additio	Addition/Alteration (specify)	ecify)			( X	5 (	363
☐ Municipal Use	☐ Access	Accessory Building (sp	Accessory Building (specify)		457	x x x	3, 0	0726
Don'd for less					i 1	-,-,-		
<u> </u>		Special Use: (explain)				x x		
C 02 215	Other:	Other: (explain)				X )		

Date

Date

2018

Attach

Copy of Tax Statement

ff you recently purchased the property send your Recorded Deed

Address to send permit

Authorized Agent:

Owner(s):

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

なるよ

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Feet eet

eet

w: Draw or Sketch your Property (regardless of what you are applying for)

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

> BAYFIELD COUNTY, WISCONSIN APPLICATION FOR PERMIT

e App (REeiv SES N 5 2015 UV

ENTERED Permit #: Date: Refund: Amount Paid: \$17X

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

Bayfield Co. Zoriing Dept.

☐ Is Property/Land within 300 feet of River, Stream (Ind. Intermittent)  Creek or Landward side of Floodplain? If yes—continue →	Section 3 , Township 49 N, Range 8	NE_1/4, SE1/4   Gov't Lot   Lot(s)	PROJECT LOCATION Legal Description: (Use Tax Statement)		Authorized Agent: (Person Signing Application on behalf of Owner(s))	Contractor: SELF	Address of Property.	Owner's Name: SHSS KIANE BALEY	TYPE OF PERMIT REQUESTED ->     LAND USE     SA	DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT
er, Stream (ind. Intermittent)  If yescontinue	8	) CSM Vol & Page	<u>PIN</u> : (23 digits) <b>04</b> -		Agent Phone:	Contractor Phone:	Portuin &	Mailing Address: PC 136 80295 Morelson Col	NITARY   PRIVY	APPLICANT.
Distance Structure is from Shoreline:	Town of Part Nina	age Lot(s) No. Block(s) No.			Agent Mailing Address (include City/State/Zip):	Plumber:	PORTUIN &, WI 54865	Rd PORT WING, WI	☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE	
#	Lot Size	Subdivision:	Recorded Documen		State/Zip):			54865	IAL USE 🗆 B.O.A.	
Is Property in Are Wetlands Floodplain Zone? Present?	Acreage 40		Document: (i.e. Property Ownership)  324 Page(s) 123	☐ Yes ☐ No	Written Authorization Attached	Plumber Phone:	218 -5% -5143	Telephone: カルションファイ・3311	.A. 🗆 OTHER	

Proposed Construction:	Existing Structure					1	10,000	000	4	Value at Time of Completion * include donated time & material
uction:	Existing Structure: (if permit being applied for is relevant to it)			Property	☐ Run a Business on	☐ Relocate (existing bldg)	☐ Conversion	☐ Addition/Alteration	New Construction	Project
	r is relevant to it)		3	☐ Foundation	□ No Basement	☐ Basement	☐ 2-Story	1-Story + Loft	1-Story	# of Stories and/or basement
Length: 32	Length:							Year Round	□ Seasonal	Use
1					None		ယ	<b>2</b>		# of bedrooms
Width: 56	Width:	2016	T None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or □ Vaulted (min 200 gallon)	X Sanitary (Exists) Specify Type:	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System is on the property?
Height: /6	Height:	***************************************			act)	<b>ed</b> (min 200 gallon)	Type:	Type:		of System erty?
							8	Well	☐ City	Water

Shoreland

 $\hfill\square$  Is Property/Land within 1000 feet of Lake, Pond or Flowage

If yes---continue

4

Distance Structure is from Shoreline:

feet

ls Property in Floodplain Zone? X No

Are Wetlands Present? □ Yes 从•No

✓ Non-Shoreland

Proposed Use	<	Proposed Structure	Dimensions	Square Footage
		Principal Structure (first structure on property)	×	
		Residence (i.e. cabin, hunting shack, etc.)	~ ×	Apple to propose the state of t
***************************************		with Loft	( x )	
区 Residential Use		with a Porch	~ ×	
		with (2 <sup>nd</sup> ) Porch	~ ×	***************************************
		with a Deck	( ×	
		with (2 <sup>nd</sup> ) Deck	~ ×	
Commercial Use		with Attached Garage	( x )	
		Bunkhouse w/ (□ sanitary, or □ sleeping quarters, or □ cooking & food prep facilities)	( × )	
		Mobile Home (manufactured date)	( x )	
		Addition/Alteration (specify)	( x )	
□ Wiunicipal Use	E)	Accessory Building (specify) PO/F BORN	(32 x 56)	520
-		Accessory Building Addition/Alteration (specify)	( x )	
Rec'd for Issuance	-			
		Special Use: (explain)	( x )	
		Conditional Use: (explain)	( x )	
		Other: (explain)	( x )	
Secretarial Staff	anwarar.	AND THE LANGE OF THE LINE AND THE STREET TO STREET TO STREET TO STREET THE TREET THE T	1,	

SECIFE 11 ALLIE FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
TWEE declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. 9-22-

Authorized Agent:

Address to send permit

Owner(s):

(If there

Deed

must sign or letter(s) of authorization must ad

ompany this application)

Date

0

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

Hold For Sanitary: Hold For TBA:	or Board Condition	-  - n <del>  -</del>	Permit #: /S / S & S  Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming I Yes (Fused/C is Structure Non-Conforming I Yes (Fused/C is Structure Ron-Conforming I Yes (Fused/C is Structure Ron-C is Structure Ron	Prior to the placement or construction of a structure within ten (10) feet of the minimum other previously surveyed corner or marked by a licensed surveyor at the owner's separation of the placement or construction of a structure more than ten (10) feet but less that one previously surveyed corner to the other previously surveyed corner, or verifiable by marked by a licensed surveyor at the owner's expense.  (9) Stake or Mark Proposed Location(s) of New More Stake or Motice:  NOTICE: All Land Use Permits Expire ( For The Construction Of New One & Two Family The local Town, Village Statistics).	Please complete (1) – (7) above (prior to continuing)  (8) Setbacks: (measured to the closest point)  Setback from the Centerline of Platted Road  Setback from the Established Right-of-Way  Setback from the South Lot Line  Setback from the South Lot Line  Setback from the West Lot Line  Setback from the East Lot Line  Setback to Drain Field  Setback to Privy (Portable, Composting)	(1) Show Location of: Pro (2) Show Location of: No (2) Show / Indicate: No (3) Show Location of (*): (*) (4) Show: (5) Show: (5) Show: (*) (6) Show any (*): (*) (7) Show any (*): (*)
Hold For Affidavit:	Tyes Sino-(If No they need to be att		Reason for Denial:    Permit Date:   / / - / - /	required setback, the boundary line from which the re.  An thirty (30) feet from the minimum required setback he Department by use of a corrected compass from the Department by use of a corrected compass from the Department (ST), Drail w. Construction, Septic Tank (ST), Drail w. Con	wrement  wrement  Feet  Feet  Feet  Feet  Feet  Feet  Feet  Feet  Setback from Setback from Setback from Setback from Setback from Setback from Feet  Feet  Feet  Setback from	Show Location of: Show Location of: Show / Indicate: Show Location of (*): Show Location of (*): Show: Show: Show: Show: Show: Show: Show: Show: Show: Show any (*): Show
Hold For Fees:	Not be Date of Approval:	Was Property Surveyed	Case #	scroack must be measured must be visible from one previously surveyed corner to the boundary line from which the setback must be measured must be visible from a known corner within 500 feet of the proposed site of the structure, or must be in field (DF), Holding Tank (HT), Privy (P), and Well (W).  In field (DF), Holding Tank (HT), Privy (P), and Well (W).  If Construction or Use has not begun.  Lired To Enforce The Uniform Dwelling Code.  Iso require permits.	ust be approved by the Creek	ad} ) Holding Tank (HT) and/or (*) Privy (P)
7 2012		14		M).	ming Dept:  Feet Feet Feet Feet Feet Feet Feet	K N



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
[715] 373-6138



APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

SEP **က** 2015

Permit #: Refund: Amount Paid: 15-0384

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department DO NOT STARY CONSTRUCTION INTIL ALL DEBARTS CANTERINTION IN (dse

Secretarial Staff		3		Don's for longuage	☐ Municipal Use			☐ Commercial Use	•			🛚 Residential Use			Proposed Use	j	Proposed Construction:	Existing Structure: (If permit being applied for is relevant to it)		I			\$ > \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		material	e &	Non-Shoreland		☐ Shoreland —>		Section	3	SE 1/4, NE	PROJECT	Authorized Agent: (Person Signing Application on behalf of Owner(s))	$\Lambda \Lambda$	2120 X12	MEITH I. Y	Owner's Name:	TYPE OF PERMIT REQUESTED—>
					<b>X</b> [							10			100000		ion:	if permit being a		Property	Run a Business on	Relocate (existing bldg)	Conversion	Wew Construction		<b>Project</b> (What are you applying for)	> 300		☐ Is Property/La	Is Property/Land within 300 feet of R Creek or Landward side of Floodplain?	, Township		17 12 12	Legal Description:	on Signing Application	ち	S. P. W. R.D.	MARGIE	\$	
Other: (explain)	Conditional Use: (explain)	special Use: (explain)		Accessory Buil	Accessory Building	Addition/Alteration	unknouse w/	wit	wit	wit	wit	Wif	wit	rincipal Struct esidence (i.e.	-			applied for is rel		 				J 🔀			3	,	nd within 1000	ard side of Floo	N, Range		Gov't Lot	j: (Use Tax Statement)	on on behalf of Owr			KAY LAR	,	LAND USE
The state of the s	e: (explain)	(plain)		Accessory Building Addition/Alteration	ding (specify)	IΛ	(   sanitary, or	with Attached Garage	with (2") Deck	with a Deck	with (2 <sup>nd</sup> ) Porch	with a Porch	with Loft	Principal Structure (first structure on pr Residence (i.e. cabin, hunting shack, etc.	7			evant to It)		Foundation	No Basement	Basement	2-Story	X 1-Story	Ctor	# of Stories and/or basement	LARSON		Lake,	eet of River, Str dplain? If	re S	9 -	7			Cont	đ	SON ST	Mail	□ SANITARY
The state of the s	The state of the s	- I - I - I - I - I - I - I - I - I - I	1 1	ls)	25	late)	Bunkhouse w/ ( sanitary, or sieeping quarters, or	arage		- And Andrews -				Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.)	Proposed Structure			Length:				The state of the s		□ Seasonal	F Concorni	Use	3 Cree	1	ı	Is Property/Land within 300 feet of River, Stream (incl. intermittent) reek or Landward side of Floodplain?  If yes—continue—	lo Ri	Town of:		PIN: (23 digits) 04- 042 25 208 32	Agent Phone:	Contractor Phone:	BET WING U	City/State/Zip:	ress:	PRIVY
The state of the s				ify) <u>(</u>	07	with the Artistic Programme Control of t		]		and the second of the second o				(X)	Ture		6			•	X) None			J F	333	# of bedrooms			Distance Structure	Distance Structure		3000	Lot(s) I	104000	Agent Mailing Ac	Plumber:	12.54805	BERCHRO PO		CONDITIONAL USE
menerundischikitetikis							cooking & food prep racilities)	-				december 444 the region of the second		**			Width:	Width:	□ None	3 1	☐ Portable (	- 1	- 1	☐ (New) Sanitary	▼ Municipal	Se			cture is from Shoreline :	fe	2		. Block(s) No.	\$1000	Agent Mailing Address (include City/State/Zip):		•	VET WING L	City/State/Zip:	
					- 1 3 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		les) (	+							-   -   m	7	8			Toilet	w/service con	or   Vaulte	{	/ Lity Specify Type:	Ctr	What Type of Sewer/Sanitary System Is on the property?		1001	<del>1</del>	et		Lot Size	Subdivision:	Volume 1095	/State/Zip):	-		Dr. 54865		SPECIAL USE
×	×	×		×	× 20.	×   ;	×	< >		×	×	X )	x )	××	mensions 1	2	Height:	Height:			ect)	Ited (min 200 gallon)	Type:	VDe:		of system irty?		70	□ Yes	ls Property in Floodplain Zone?	11.	Acrea		Recorded Document: (i.e. Property Ownership Volume 1595 Page(s)	Written A Attached	Plumber Phone:			Telephone:	□ в.о.а. □ с
A TOTAL DESIGNATION OF THE PERSON OF THE PER	HWHISHWA				720						The state of the s				Footage	Square	0		******					_ M/PII	K City	Water		7	□ Yes	Are Wetland: Present?	86	98   		erty Ownership	Written Authorization Attached See No	Phone:		(Cell Phone:	77% 3~	□ OTHER

ANDRY MAYER K HALAGN IIII Sign or letter(s) of authorization must accompany this application)

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described properly at any reasonable time for the purpose of inspection.

Authorized Agent:

Owner(s): ACA (If there are Multip

Address to send permit

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

Attach

Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

- T	70	ဂျဗ	ਰਿ-ਫ਼	<del>5</del> N.2	୍ର ଦ	<u></u>	Pe	P 50		Pric one mai	Se	Se Se	S	<u> </u>	<sub>ω</sub>	χ <u>χ</u>								8						
Hold For Sanitary:	Signature of Inspector:	Date of Inspection: $10/1$ Condition(s):Town, Committee or	O 105771)	Was Parcel Legally Created Was Proposed Building Site Delineated	Granted by Variance (B.O.A.)	Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	Permit #:	Issuance Information (County Use Only) Permit Denied (Date):		er previously surveyed corner of marked by a licensed surveyor at the owner's expense.  If the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the other previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the other previously surveyed corner to the other previously surveyed corner.	Setback to F	Setback to Septic Tank or Holding Tank Setback to Drain Field	Setback from	Setback from the <b>South</b> Lot Line Setback from the <b>West</b> Lot Line	Setback from the <b>North</b> Lot Line	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way			Diagram C	1		Line	to prep	<u> </u>   				ار		ne bo
- 33 33 4	finspect	ection: :Town, C		Was Par sed Build	ariance	l a Sub-S Common Ire Non-	K	nforma d (Date)	(9) <b>St</b>	ment or con rveyed con sed survey	ment or co	eptic Ta Drain Fie	from the Ea	n the Sc	n the N	n the Co		(8) Se	Complete (1)	e are		•	3	85				(7) SF		(1) SH
	9	10 ommitte	<b>*</b>	rcel Lega ling Site I	(B.O.A.)	Is Parcel a Sub-Standard Lot arcel in Common Ownership s Structure Non-Conforming	0384	ition (C	ake or I N or The Co	struction of the or at the own	k to Privy (Portable, C	nk or Ho	East Lot Line	uth Lot L	orth Lot	nterline	Description	etbacks		Sews. 1				- Annual of the second	loticmilenaurra			Show any (*):	Show / Indicate: Show Location of (*): Show: Show: Show any (*):	<u>N. Draw or Sketch</u> Show Location of:
=		II Z	Code (	lly Create Delineate	Case #:			ounty	Mark Pr OTICE: / )nstruction	f a structure ther previous ner's expen	ompost	olding Ta	1e	Line	Line	of Platt	on	(measu		Mus. b		4			Home			*	Indicate: ocation of (	rSketch tion of:
Hold For TBA:	Α	d Condit	5 5 E	d d		□ Yes (Dec □ Yes (Fus □ Yes □		Use On	oposed All Land L on Of Ne	ensed surve e more than usly surveye	ing) within ten	Ř				ed Roac		red to t	(prior to	water	м,	187			40	la a *				your Pr
BA (		$\frac{10}{11}$ 2015 Inst	是 大	0 NO		(Deed of Record)(Fused/Contiguous Lot(s))		Š	Locatio Jse Perm W One & le local T	yor at the o ten (10) fee d corner, or	e, Composting) on of a structure within ten (10) feet of the m							Setbacks: (measured to the closest point)	Continuing	1	119	, ,				Drive w	/#.Y	*) Wetla	North (N) (*) Drivew (*) Existin (*) Well (\ (*) Lake; (	operty (regardless of w Proposed Construction
	X	Inspe Iched?	loced			d) uous Lot(s	Perm	Sanita Reasc	n(s) of N its Expire Two Fan	wner's expe et but less ti verifiable b	the minimum re	2 S	7	36	3 6	3 7	Me	est point					1	70	26'→	0,700	/	ands; or	) on Plot Plan way and (*) F ng Structures (W); (*) Septi (*) River; (*)	regardle d Constr
HO		Inspected by: ed? ☐ <b>Yes</b> ☐	loccy:on.	からない	<u> </u>	***	Permit Date:	Sanitary Number: Reason for Denial:	lew Con One (1) nily Dwel	han thirty (3 y the Depar	A Feet Im required setback			300	00	ş V	Measurement	<del></del>			£ 2	1	Hrea				White	da( <u>*</u> ) Shob	: Plan [(*) Fror tures on Septic T: r; (*) Str	ss of wh
Hold For Affidavit:		No-(If No they need to be	0 to	<u> </u>		\$ \$ \$	10.	ber: nial:	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code  The local Town, Village, City, State or Federal agencies may also require permits.	0) feet from tment by us	Feet setback, the	Feet	Feet	Feet	Feet	Feet	nt	6			S. J.		The state of the s				Birch	(*) Wetlands; or (*) Slopes over 20%	North (N) on Plot Plan  (*) Driveway <u>and</u> (*) Frontage Road (Name Frontage Road)  All Existing Structures on your Property  (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding  (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond	ne box below: <u>Draw or Sketch your Property</u> (regardless of what you are applying for)  (1) Show Location of: Proposed Construction
davit:		to they r	すご	Wer	Previo	Mitiga Mitiga	2-1%		n the Dai Municip Federal	the minims e of a corre	bour	Set	Ee	Setback	Set	Set			14×14		of the		Parking				h Rd	0%	ad (Nam operty (*) Drai	e applyi
		need to b	issue	Were Property Lines	Previously Gented by Variance (B.O.A.).  ☐ Yes 14/10	Mitigation Required Mitigation Attached	U 1		Tank (ST te of Issu alities Ar agencies	ım requirec	idary line from which the setback must be measured must b	Setback to Well	evation of Floodplain	Setback from Wetland Setback from 20% Slop	back froi	Setback from the Lake (ordinary high-wat			Shed	- Charles		W		_Dr	ive Wa	<u> </u>		0	ne Fronta n Field ( *) Pond	ng for)
Н		e attached.)		ty Lines I	ted by V	uired ched		#	<u>)</u> <u>Drain</u> ance if Coe Require may also	l setback, th	hich the seti	Well	Floodpl	ກ Wetla ກ 20% S	n the Ba	n the La		Chang			., .							8	nge Road	
Hald For Fees: 🗆		<u>a</u> }		Represen Was Prop	ariance {	□ Yes □ Yes		of bedrooms:	field (DF onstruction ed To Enf	e boundary	back must b		"	land Slope Area	ink or B	ke (ordii	Description	es in pla				178								
es: 🗆 _			3-3	Represented by Owner Was Property Surveyed	B.O.A.)	3/8		l ms:	). Holdin on or Use orce The permits.	line from w within 500	e measured			85	uff (	hary high	tion	Changes in plans must be ap		个	<u></u>	i TA			. – 1				<b>Tank</b> (HT) and	
			+ 5	4	no	Af	_		g Tank ( e has not Uniform		1 P					149					Propo.	sed i	New	Mave/	Traile	r Conopy			· ·	
	Date	Date of F	Zoning Di	WYes -		Affidavit Required Affidavit Attached		Sanitary I	<u>HT), Priv</u> begun. Dwelling	back must b proposed sit	visible from o					mark)		ved by t		48 Varde									or (*) <b>Privy</b> (P)	
	of Approval:	Re-Inspection:	Zoning District Lakes Classification	CSM		equired tached		Date:	<u>y (P)</u> , an } Code.	be measured be of the stre	ne previousi	S	2	2 >		(1 <sub>2</sub> )		he Plann		1					÷				<b>y</b> (P)	
	6	:tion:	12			□ Yes			<u>k (HT), Privy (P)</u> , and <u>Well (</u> W) not begun. rm Dwelling Code.	setback must be measured must be visible from he proposed site of the structure, or must be	y surveyed	D	ا حدا	5 5	À C	j Þ	Measurement	ing & Zoı	113	¥	Les 1	nony	y 137	repl 1	ندأوءا	unul	/		·	
	-}-2015			□ No		₽ ₱ <b>含</b>			<i>N</i> ).	sible from ust be	previously surveyed corner to the	Feet	Fee	Feet	Feet	Fee	ment	proved by the Planning & Zoning Dept.		_	Luon	י פאצעו	Try bu	1/1/4	'8 Jo	MI		Α.		
	<u> </u>		Neigh And A								"	7	<u> </u>			+ +		5 ML 555						11/			!			